

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

Check all that apply.) ☐ Change purpose(s) of use ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water) Explain: Dought Emergency	CHANGE No. <u>C64-6wc7</u> DATE ACCEPTED <u>O6 1</u> FEE \$ 10 as REC CHECK No. <u>09692</u>	14,01 BY Sa 10 6,13,01
IF MORE SPACE IS NEEDED, ATTACH ADDITIONA	AL SHEETS (PLEASE PRINT OF	R TYPE CLEARLY)
1. Applicant Information:		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Kathleen Pryor	(509) 923-2750	
ADDRESS P.O. BOX 87		
CITY Pateros	STATE	ZIP CODE 98846
		T
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
2. Water Right Information: 6ωc 7183	2-A)	
2. Water Hight Information	DRDED NAME(S) Kathleen Pryo	
DO YOU OWN THE RIGHT TO BE CHANGED? YES NO	Nameen 1190	
IF NO, PROVIDE OWNER(S) NAME:		
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5)	YEARS? YES D NO	
Please attach copies of any documentation that demonstration was established. Also, if you have a water system plan or application.		
FOR OFFICE US APP. NO. 10080 CERT. NO.		IGE NO

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3. Point(s) of Diversion/Withdrawal:

46	March 1		4 8		
A.	E	710	TI.	m	~
A.		VI3	LI	ш	u

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Well				19w	30 N	23	3023192002	
V-011							2000	

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
							7219516.221	
			17.8	V 1.3				

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Imigation	200 gam	62	May through Sept
	//		

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Imigation	200 gpm	62	May through Sept
V	,		

5. Place of Use:

A. Existing

<	SPR	attae			LANDS WHERE WATER IS	Description of the second	
		1000	11		<u> </u>		
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
					Okanogan	3023192002	20

			LEGAL DES	CRIPTION O	F LANDS WHERE NEW US	SE IS PROPOSED:	
	Sec	a ttack	red				
				0.00	/ -	2.509	100
							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES

					20	30	23	64		
	SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG	
We	211			1	19w	30 N	23	3023192002		
. Pro	posed		NE	NE	35	22	21			
	SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG	
								1 1 1 2		
YOU	OWN THE EXISTING				NO-IFN	O, PROVII	DE OWNE	R(S) NAME: Donald J. Bell	64-3104	
o. 6 (re	rest section corremarks) or as an rpose of Us sting	attachmer		oint(:	s) or divers	sion/with		please include that in	normation in	
	PURPOSE O	OF USE			GPM or CFS	ACR	E-FT/YR	PERIOD OF	USE	
I	maatton				200 901	n 60	3	May through	1 Sept	
					//	397,53			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Pro	posed								2	
110	PURPOSE	OF USE			GPM or CFS	ACR	E-FT/YR	PERIOD OF	USE	
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	mga i			+	200 9 90	1 42		Tray programme		
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% 0 YOU O	See atta	c. TWP. SINTHE EXIS LEGAL D Ached	STING PL	SE.	OF USE?	OUNTY	□ NO−IF	PARCEL # 3023192002 NO, PROVIDE OWNER(S)		

C64-6WC7182-A

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

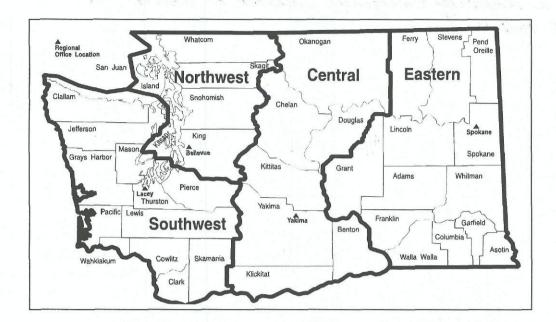
	nd Other Relevant Information:			
This is a	temporary emergency transfer	of water to	or	
drought,	relief			
FOR SEASONAL O	R TEMPORARY, START DATE 7 / 1 0 END DATE	9,30,61		
. Signatures I certify that		ne best of my knowle	edge. I unders	tand that in
I certify that order to proc Conservancy	the information above is true and accurate to the cess my application, I am hereby granting staff a Board access to the above site(s) for inspection of the above application, I understand that all r	from the Departmen n and monitoring pu	t of Ecology o prposes. If ass	r the County isted in the
I certify that a order to proceed Conservancy preparation of	the information above is true and accurate to the sess my application, I am hereby granting staff is Board access to the above site(s) for inspection of the above application, I understand that all rest.	from the Departmen n and monitoring pu	t of Ecology o prposes. If ass	r the County isted in the
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WE ARE RETURNING YOUR APPLICATION	N FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED	SECTION IS INCOMPLETE
OTHER/EXPLANATION:	
STAFF:	DATE:/

C64-6WC7182-A

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology Central Regional Office 15 W. Yakima Avenue, Suite 200 Yakima, WA 98902 Telephone: (509) 575-2490

Department of Ecology Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 Telephone: (425) 649-7000 Department of Ecology Eastern Regional Office N. 4601 Monroe, Suite 202 Spokane, WA 99205-1295 Telephone: (509) 456-2926

Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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